

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025654

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

324

Primary Registration District No.

30720

Registrar's No.

129

FILED JUL 2 1962

1. PLACE OF DEATH

a. COUNTY Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MarshallLength of stay in 1b
9 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Fitzgibbon HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Saline

c. CITY OR TOWN Marshall

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
604 N EllsworthReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First JOHN

Middle ERVIN

Last BRADLEY

4. DATE OF DEATH

Month June

Day 28,

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-7-1875

86

9. AGE (last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coal Mine

11. BIRTHPLACE (City and state or country)

Warrensburg, Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Uris S. Bradley

13b. MOTHER'S MAIDEN NAME

Mary Pharis

14. NAME OF HUSBAND OR WIFE

Nellie Mae Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes Spanish American

17. INFORMANT

Address

6 Mrs. Nellie Bradley Marshall, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vas Accident

INTERVAL BETWEEN ONSET AND DEATH

7 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Vas Thrombosis

4 days

DUE TO (c)

Atherosclerotic Vas Disease

10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I

Hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1, to June 28 and last saw her alive on June 28. Death occurred at 6:45 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Deputy Coroner

22b. ADDRESS

Marshall, Missouri

22c. DATE SIGNED

6-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-30-1962

23c. NAME OF CEMETERY OR CREMATORY

Sunset Cemetery

23d. LOCATION (City, town, or county)

Warrensburg, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Jack W Reser Marshall, Mo

25. DATE RECD. BY LOCAL REG.

6-29-62

26. REGISTRAR'S SIGNATURE

C. H. Reed

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0976

2 0975

3

4 0

5 1

6

7 0

8 2

9 332 X

10

11

12 1-0

13 3-0

JUL 10 1962

Permit issued June 29-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jack W. Reser

Licensed Embalmer No.

4643

P. O. Address

Marshall, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.